

## DECLARATION, POWER OF ATTORNEY AND POWER TO INSPECT

As a below named inventor, I hereby declare:

that my residence, post office address and citizenship are as stated below next to my name;

that I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the invention entitled: **MATERIALS AND METHODS RELATING TO NEURONAL DEVELOPMENT**, the specification of which [check one(s) applicable]

☒ was filed 27 April 2000 as International Patent Application No. PCT/EP00/03842, on which U.S. National Stage Application No. 09/980,913 is based; and/or  
☐ and was amended by Amendment filed        (if applicable); and/or  
☐ is attached to this Declaration, Power of Attorney and Power to Inspect;

that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above; and

that I acknowledge my duty to disclose information which is material to the examination of this application in accordance with Rule 56(a) [37 C.F.R. §1.56(a)].

**CLAIM UNDER 35 U.S.C. §119(e):** I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below:

<u>Provisional Appln No.</u>	<u>Filing Date</u>	<u>Day/Mo/Year</u>
60/132,317	3 May 1999	03-05-1999

**POWER OF ATTORNEY:** As inventor, I hereby appoint **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania, and the following individual(s) as my attorneys or agents with full power of substitution to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith: **Patrick J. Hagan, Reg. No. 27,643** and **Kathleen D. Rigaut, Ph.D., Reg. 43,047.**

**POWER TO INSPECT:** I hereby give **DANN, DORFMAN, HERRELL AND SKILLMAN, P.C.** of Philadelphia, Pennsylvania or its duly accredited representatives power to inspect and obtain copies of the papers on file relating to this application.

**SEND CORRESPONDENCE TO:** **CUSTOMER NUMBER 000110**  
**DIRECT INQUIRIES TO:** **Telephone: (215) 563-4100**  
**Facsimile: (215) 563-4044**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SOLE OR FIRST JOINT INVENTOR

## SECOND JOINT INVENTOR (IF ANY)

Full Name Ernest Arenas  
 First Middle Last  
 Signature [Signature]  
 Date 29/4/2002  
 Residence Stockholm Sweden  
 City State or Country  
 Citizenship Spanish  
 Post Office Address:  
Scheerweg 1, 2nd floor  
 Street Address  
Stockholm Sweden 17174  
 City State or Country Zip Code

Full Name Thomas Perlmann  
 First Middle Last  
 Signature [Signature]  
 Date 30/4/2002  
 Residence Stockholm Sweden  
 City State or Country  
 Citizenship Swedish  
 Post Office Address:  
Kinnarbygatan 22  
 Street Address  
Stockholm Sweden 17143  
 City State or Country Zip Code

## THIRD JOINT INVENTOR (IF ANY)

Full Name Evan V. Snyder  
 First Middle Last

Signature [Signature]

Date 4/24/02

Residence Boston (Jamaica Plain) MA, USA  
 City State or Country

Citizenship USA

Post Office Address:

22 HICKORY Road

Street Address

Jamaica Plain, Boston, MA 02130  
 City State or Country Zip Code

## FOURTH JOINT INVENTOR (IF ANY)

Full Name Joseph Wagner  
 First Middle Last

Signature [Signature]

Date 23-APR-02

Residence WEST CHESTER, PA, USA  
 City State or Country

Citizenship USA

Post Office Address:

300 E. EVANS ST. APT C-231

Street Address

W. CHESTER PA 19380  
 City State or Country Zip Code

## FIFTH JOINT INVENTOR (IF ANY)

Full Name Peter Akerud  
 First Middle Last

Signature [Signature]

Date 05/05/02

Residence Stockholm Sweden  
 City State or Country

Citizenship Swedish

Post Office Address:

Karlbergsvägen 87A

Street Address

Stockholm Sweden 11335  
 City State or Country Zip Code

## SIXTH JOINT INVENTOR (IF ANY)

Full Name \_\_\_\_\_  
 First Middle Last

Signature \_\_\_\_\_

Date \_\_\_\_\_

Residence \_\_\_\_\_  
 City State or Country

Citizenship \_\_\_\_\_

Post Office Address:

Street Address

City State or Country Zip Code